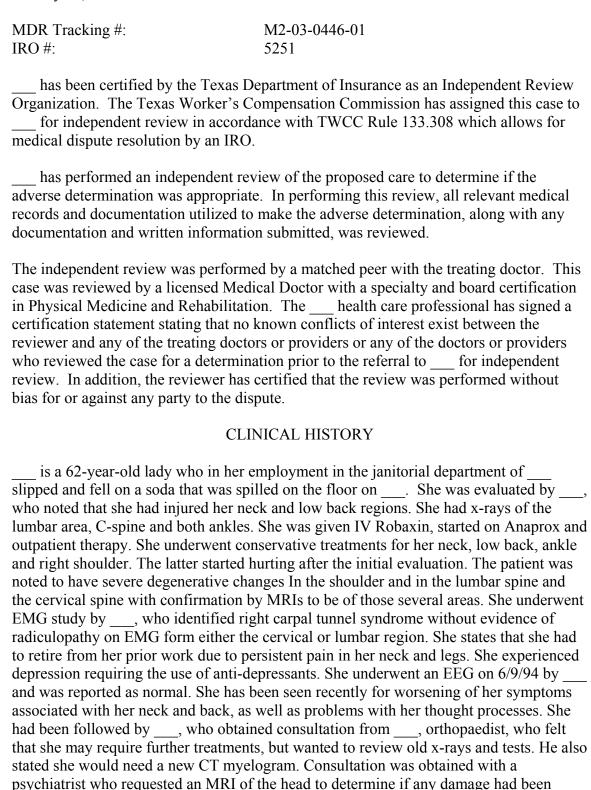
January 31, 2003



caused by her fall back in to account for more recent problems with memory. The

carrier has not authorized MRI of the head/brain, stating it is a repeat MRI of the head/brain.

REQUESTED SERVICE
A repeat MRI is requested for
DECISION
The reviewer both agrees and disagrees with the prior adverse determination.
The reviewer agrees with the prior adverse determination regarding a repeat MRI of the head/brain.
The reviewer disagrees with the prior adverse determination regarding a repeat MRI of the cervical and lumbar spine.
BASIS FOR THE DECISION
The multiple medical morbidities that the patient is experiencing, including obesity and the use of medications for her heart and depression, are likely contributors to this patient's current mental status problems. She did have a normal EEG done within a year of her initial injury that was normal, indicating no evidence of brain damage at the time of the fall.
The request for the MRI of her cervical and lumbar spine is a different issue from the MRI of the brain. The cervical and lumbar areas of injury were well documented in the records. In determining the best method of treatment for, the MRI studies of her cervical and lumbar spine are clearly indicated. Neurosurgeons quite frequently need repeat MRIs within months if they are evaluating the need for surgical intervention.
has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review has made no determinations regarding benefits available under the injured employee's policy.
As an officer of, dba, I certify that there is no known conflict between the reviewer, and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.
is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.
Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).